TWO LECTURES

ON

LUPUS.

BY

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LUPUS.

LECTURE I.

Gentlemen,

Although I cannot claim for the subject I have chosen briefly to discuss with you to-day, that it is an affection of very common occurrence, yet it will not be denied that it is one, the very grave characters of which entitle it to no small share of interest and consideration. Even if our knowledge of the etiology and pathology of Lupus was all that could be desired, and that its causes—direct and indirect—were so well understood that we lacked nothing to render perfect our acquaintance with it, there are yet other points about it, which we cannot fail to recognize, of profound importance. Whatever department of medicine we may be engaged in, the great aim of the practitioner must always be the application of those means and principles at our disposal (limited though, alas! they often are) which will bring again to a condition of health the particular structure or structures which are diseased.

The extreme obstinacy with which Lupus—even under the most favourable conditions—yields to treatment, is in itself an all-sufficient reason why we should be ever anxious to discover reliable and efficient means of contending against this "rebellious disease." It will be my endeavour, then, in the remarks I shall make, to be as practical as possible; and although I cannot regard with indifference anything which appertains to the malady before us, yet I shall, with your permission, devote to the subject of treatment as much of your time as I am able.

Concerning the position Lupus should take in the classification of skin diseases, authors, as you are aware, are not agreed. It is now generally described as belonging to the class neoplasmata, and cannot be regarded as simple hypertrophy. Willan classifies the affection under the head of tubercula; while Biett in 1828, and Devergie in 1857, give it a distinct place in their nomenclatures—the latter associating only with it the so-called scrofulo-syphilides. Again, Hebra, in his twelve divisions of cutaneous diseases founded upon a pathological basis, places it, under the title of neoplasms, with molluscum, cicatrices, keloid, melanosis, &c.

From the very earliest dates Lupus has been recognized by its chronic course and destructive tendency, although much confounded

with commoner forms of destructive cutaneous processes, as chronic ulcers, scrpiginous syphilitic affections, carcinoma and the like, which are attended with "loss of substance, spread peripherally, and are "difficult to heal."

Celsus described the disease, and pointed out its predilection for the upper parts of the body, though he appears to have looked upon it as a cancer. The herpes esthiomenos of Hippocrates, the herpes ulcerosa of Amatus Lusitanus, the formica corrosiva and ambulativa of the translators of the Arabic, the papula fera of Hafenreffer in the first volume of his work "De cutis affectibus," noli me tangere, herpes exedens, phagadenicus, ferus, vorax, &c., of many authors, have also been considered as referring in part to Lupus.

Virchow, in his Historical Notes on Lupus, published in 1865, says, "It would appear that the name of Lupus was used and "generally understood as early as the thirteenth century, though "doubtless applied equally to cancerous affections."

Willan was the first to apply the term exclusively to certain forms of ulceration about the face, instances of which were represented by Bateman in his Atlas in 1817; ever since that time the name Lupus has been constantly used by most dermatologists in England and the Continent.

The views of Willan laid the foundation of the sub-divisions which have been made by various writers: *e.g.*, Rayer speaks of Lupus exedens and Lupus non-exedens; as well as Devergie in 1854, and Hardy at a later date.

The disease under consideration derives its name of Lupus from the Latin, signifying a wolf, from its eating or destructive quality.

Viewed as it has been by the majority of writers, it is looked upon as a local expression of a general morbid habit or diathesis, hereditary or accidental. Difficult though it is at all times to trace the accurate course of constitutional disorders, the bulk of evidence goes to prove most unmistakably that Lupus does not depend upon local causes. However much local excitants may determine the course of this and the allied affections, there is something more than the mere local anatomical conditions to be considered. It will be in the recollection of all present, the late memorable discussion at the Pathological Society of London, upon cancer and tubercle. The exhaustive arguments at that time, resulting from so much matured observation, have done more, perhaps, than any previous one, to elucidate some, at any rate, of the points which explain these morbid processes. And much as Lupus in its development may be considered to differ from either of these, there is much to be gained if we were to study them all side by side.

Lupus, then, owes its origin to struma, scrofula, or scrofulosis—terms used to imply "a constitutional debility, with a tendency to "indolent inflammatory and ulcerative diseases, the characteristic mani-"festation being commonly stated to be tubercle."—*(Hoblyn.)* By the

term tubercle—derived from *tuber*, a swelling—is meant a small, hard, superficial tumour, circumscribed and permanent, or suppurating partially.

Lupus is to be defined as a slow tubercular affection, occurring especially about the face, though less often in other parts of the body, commonly ending in ragged ulcerations. This ulceration, however, is characteristic more especially of an advanced form, which I shall consider again later, when speaking of the varieties of the disease.

Thus, Mr. Erasmus Wilson, in his large work on cutaneous affections, says, "By the term Lupus we understand a strumous de-"generation of the tissues of the skin, attended with more or less "hypertrophy, with absorption, and with ulceration; such morbid "phenomena originating in a constitutional condition or diathesis."

If we study a little deeply the intimate processes of disease, we shall readily discover that they consist in nutritive modifications or disturbances in the so-called protoplasmic elements of the tissues. Now, under the influence of certain though different stimuli, we have hypertrophy, atrophy, inflammation, morbid growths and degenerations of all kinds. Functional derangements, which go hand in hand with all pathological changes, and which so often afford the first intimation of the more manifest divergence from the line of health, are again none other than altered nutrition, however dissimilar the actual incitants may be. With an excessive supply of nutriment to a part, we have increased pressure put upon assimilative processes, at first only, perhaps, exaggerating their function, but soon by over-action distorting and impairing them, to be followed by a condition other than health. With an insufficient supply of pabulum, or nutriment, to a part, we again soon have changes brought about—atrophy, or degeneration with modified function; or further, death of the part, and cessation of function.

And if in these alternatives of hypertrophy and atrophy, however much they may depend upon natural organization, we recognize conditions resulting from altered nutrition alone, surely we cannot fail, when we consider the doctrine of diseased processes, together with their effects and differences, to discover in their causes the self-same primary change, viz., altered nutrition. Debility, whether local or constitutional, above all, may be generally accepted as the great predisposing cause of cutaneous diseases, in so far as it disturbs the nutritive balance, and lowers the vitality of the skin. It would be impossible to suppose that, with a disease so grave as Lupus, there have not been innumerable theories put forward from time to time as to its cause. Without trespassing for long upon your patience, we shall do well to consider for a few moments the relationship of syphilis to Lupus. Concerning it there have been some pathologists who have recognized so close a bearing between the two, that they have been led to consider Lupus as the result of certain hereditary influences origina-

ting in, or dependent upon, syphilis. Although we cannot accept the view that all forms of Lupus are to be accounted for in this way, there are yet many observers who have considered one form at least to be due to this cause, and have named it Lupus syphiliticus. This view holds its ground with some undoubtedly at the present time. Kaposi, however, in his writings, says, "If we enquire as to the foundation on "which this opinion is based, we shall find that it simply and solely "consists in the external similarity between the many forms of Lupus "and a syphilitic eruption of small tubercles, and in the difficulty "which is therefore experienced in diagnosing between the two."

Our knowledge of syphilis would, indeed, be very incomplete, if we were unacquainted with the destructive ravages met with—now less often than in former times, for reasons well understood—about the human body—the face especially—traceable to the effect of the specific virus.

There is a late form of dermato-syphilis which is likely to be confounded with Lupus, owing to the similarity which occurs in its development from tubercles of a somewhat like character, instances of which may be seen in the museums of St. Bartholomew's and Guy's Hospitals. The tubercles which precede syphilitic ulceration vary in size from a diameter of a line to that of half-an-inch, are always indolent, and occur especially about the nose, forehead, and ears, though they may arise on any part of the body. The tubercles are scattered upon the surface, though, if they are more aggregated together, they give rise to thickened raised patches. Of this form an excellent cast was caused to be placed in the museum of St. Bartholomew's Hospital by Dr. Dyce Duckworth, when he had charge of the dermatological department. The tubercles are generally flattened, have a "coppery" tint (any way are less red and vascular than Lupus tubercles), and are hard to the touch—being formed by what has been termed "syphilitic granulation tissue." They rapidly become crusted over with thick adherent crusts, the actual appearance of the mass depending upon the size and number of the tubercles. Of course in the early stages, if the disease is arrested, but little discolouration and pitting of the skin is produced, but in the graver forms, in which large surfaces are affected, the edges may be studded with characteristic tubercles, while the more central portion presents a discoloured, scaly, thickened, and infiltrated appearance. Under favourable circumstances the tubercles disappear by resorption, leaving more or less scarring or pitting, though of a comparatively superficial character. The above is the *non-ulcerating* syphiloderm.

The second variety resembles much an ulcerating Lupus. In milder cases the ulceration is superficial, and assumes a serpiginous form; while in the most severe, the destructive process may involve the whole thickness of the skin, "with much pain, with foul-looking "ulcers irregularly crusted over, and with a sanious, unhealthy, and "exceedingly offensive discharge." It is by such a process that the

nose, cheek, integument of forehead, ear, &c., may be partially or totally destroyed.

Deep-seated ulceration is generally a symptom of tertiary syphilis, and is accompanied with other manifestations of constitutional syphilis, cachexia, periosteal indurations, caries, &c., &c.

It is in the diagnosis of this latter form—when the tubercles are surrounded by a dull red coppery tint, well known to the eye of observers, with crusting, unhealthy, sanious discharge, ulceration, and with partial cicatrization seen irregularly here and there—that there is some risk of a confusion occurring between it and true Lupus. With care, however, we shall avoid the mistake. It is necessary that other confirmatory evidence be taken before a diagnosis of syphilis can be arrived at, which will most assuredly be present in the individual, viz., cicatrices of primary disease on penis, with or without cicatrices of buboes, nocturnal pains, loss of hair, ulceration about the tongue or pharynx, gummata, nodes, &c., besides which the tubercle is firmer and copper coloured—"that of Lupus being softer, more vascular, and "gelatinous; and above all the duration of the disease—that of Lupus "being essentially chronic."

Kaposi, again writing on this subject, says, "No satisfactory proof "in support of the view that Lupus is due to syphilis has ever been "advanced; and such proof is more necessary in the case of syphilis, "because the latter has precise clinical characteristics—not vague "ones, like those of scrofula."

To revert, then, I fail to find in the writings upon Lupus satisfactory evidence that it is in any way connected with syphilis. It would be well that the term syphilitic Lupus should be entirely struck out from the category of disease, as it conveys a wrong impression altogether.

The so-called Syphilitic Lupus is in reality a species of disease in which the clustered tubercles form patches of disorganized skin, and the surface is perforated by deep ulcerated pits. The term "lupiform" is the only one that can be in any way usefully employed. In the *Lancet* for December, 1871, a case of Lupus, so called, of twenty years standing is recorded, which, without any history of syphilis, yielded to 3 gr. doses of iodide of potassium three times a day. The drug is reported rapidly to have converted "a dull and torpid-looking red sore, "attended with extensive ulceration of the integument, cartilage, and "bone about the nose and face, into a bright, velvety, and healing "surface."

In this case I see no conclusive evidence to prove that it was other than true syphilitic ulceration such as is well known to us all. The absence of syphilitic history being elicited constitutes only another proof of that which we can each affirm, viz., how little, if at all, are we able to rely upon the statements of patients.

The diagnosis of *eczema* of the nostrils from *Lupus* is sometimes difficult, and I may be allowed to quote from Dr. McCall Anderson's

work on Eczema, in which he states such to be the case, "especially "in those rare cases of eczema in which perforation of the septum "nasi occurs, for Lupus not unfrequently commences its ravages by "perforating the cartilaginous septum. But if the disease is lupoid, "there is no itching at the orifices of the nostrils, and some of the "characteristic papulæ of Lupus are usually discovered on the skin "of the nose, or neighbourhood, which, when present, at once point "to the nature of the perforation. In eczema of the nostrils on the "other hand, there is often an eczematous rash externally or the "history of a past cutaneus eczema. And lastly, while eczema often "occurs in strumous persons, Lupus is almost always accompanied "by other signs of struma, such as engorgement, or suppuration of "the glands at the side of the neck, caries, &c."

As in all branches of practical medicine, we must ever bear in mind the necessity of weighing both objective and subjective symptoms, analyzing and arranging them in our minds lest a hasty glance, and mere speculation alone, should lead us into error.

It will, I am sure, be at once allowed that too much care cannot be taken to avoid being misled by first impressions in the matter of diagnosis in all forms of disease. Every practitioner (and indeed the most experienced) is ever liable to the temptation (and I know none more difficult to be defended against) of allowing himself to conclude mentally at first sight, even before an examination has been made or any corroborative evidence taken, "this is Lupus," or "syphilis," or "eczema." The best dermatologist, like the best physician or surgeon amongst us, is he who, without prejudice, ascends the ladder of evidence deliberately step by step, surveying at each stage the surroundings, until he reaches the summit upon which to take his stand.

Just as the equitable judge, aided by well-proven facts, regardless of the undue leanings of the advocate, and the theories and speculations of the interested party, pronounces his verdict from the sum and total of the finely-sifted evidence laid before him, so we, gentlemen, in the lawful exercise of our profession (always mindful of the evil of bias), must pronounce our opinion, uninfluenced by chance or imagination, but tempered and supported by accurate and careful observation; *facts* ALONE being recognized and considered.

In asserting that Lupus is an expression of struma, I am aware that I am opposing the views of some who have given much time and attention to its pathology, nevertheless I should be acting unfairly both towards you and myself were I to shrink from expressing my unconditional belief in that which, while the more generally accepted view, seems to me to be the only feasible and true one.

The word struma conveys a somewhat vague impression and I frankly admit that, in the present state of our knowledge, nothing more definite can be said concerning it than is generally understood. Yet however impossible it may be to describe in words that condition of the human body which is expressed by it, there is no one here who

has not his mind made up—approximately at least—as to the state or condition it implies.

We are all familiar with the morbid state which is dependent upon syphilis, not only because of the definite characters it invariably manifests, but because we can follow it stage by stage from the primary inoculation to its remotest effects. The words struma or scrofula are used synonymously to imply a morbid habit or tendency affecting the body, less well understood because it has *no definite starting point* recognizable as such. But surely we should fall short of comprehension were we to overlook it on that account. At least we know it by certain symptoms, the most marked being a "consti- "tutional debility, with a tendency to indolent, inflammatory, and "ulcerative diseases, the characteristic manifestation being commonly "stated to be tubercle." Although I will not attempt to offer the explanation of the cause of all forms of Lupus, I have seen enough to lead me to the conclusion that they are most intimately allied to struma. From the earliest records we find the affection associated with an unhealthy habit of the constitution, accelerated, if not owing its origin entirely, to general unsanitary causes. It is necessary that we should remember also some of the distinctive features of that form of ulceration first described by Dr. Jacob, of Dublin, as a "peculiar ulcer of the eyelids," to which Sir James Paget, some years back, gave the name "rodent ulcer." * With care, however, we shall be able to distinguish it from Lupus. Rodent ulcer is characterized by hard tubercles (those of Lupus are soft)—by slow ulceration which often extends deeply, by considerable pain (Lupus being unattended with pain)—and the absence of that tendency to cicatrize which is so prominent a feature in Lupus. Again, rodent ulcer occurs in the middle-aged or old, and never gets well. Lupus occurs in the young or middle-aged.

Mr. Jonathan Hutchinson, whose opinions justly deserve the most careful attention, writing on Lupus, has drawn up the following conclusions as the result of some years' special observation. I will briefly recapitulate them :—

1.—Lupus is more common in those of brown hair and eyes, florid complexion, and thin sclerotics, to which combination of physiognomical characters the term "lupoid temperament" may be suitably given.

2.—*Age* at which disease began.

In 76 cases—average age 16 years ;
the youngest being 6 months,
„ oldest „ 56 years.

3.—*Duration.*

In 76 cases—average 7 years.

* And which has now long since been proved to be histologically an epithelial cancer.

4.—*Sex.*

In 76 cases—males 30
females 46

5.—*State of health.*

In 76 cases.—Good. Medium. Decidedly cachectic.
33 12 11
In 20 cases notes defective.

6.—Tubercular diathesis.

Proof of active tubercular diathesis observed in 1 in every 6 cases.

7.—History of tubercular disease in family.

In 16 cases history of phthisis in parents, brothers, or sisters.

In 14 cases no notes were obtained.

8.—In 18 cases disease said to have followed local injury.

9.—Disease single or multiple.

In 35 cases, 1 patch only.

In 41 cases, more than 1 patch.

10.—Position of patient in family.

In 17 no notes obtainable.

Of remaining 58—eldest affected in 11 cases.
2nd ,, in 14 ,,
3rd ,, in 9 ,,
4th ,, in 7 ,,
5th ,, in 5 ,,
6th ,, in 2 ,,
7th ,, in 4 ,,
And yet higher in remaining 4.

I may add also that in occasional instances two or more of one family may be similarly affected.

At St. Bartholomew's Hospital, in the Skin Department, there are at present attending two brothers, of the respective ages of 17 and 13, both suffering from ulcerating Lupus of the nose.

In a large number of recorded cases Lupus has been peculiarly noticeable in persons who have had very reliable indications of general tubercular disease, as phthisis, with anæmia, &c. There is yet a large proportion in which the general health is apparently good, and the secretory and excretory functions carried on without derangement. The labours of present and future pathologists will doubtless shed more light upon this and other points which are yet surrounded with a halo of ambiguity and doubt.

Lupus is characterized by an infiltration of the skin with a new

cell growth, which, being of a low vitality, does not become fully organized. This lowly organized material remains but a short time in an unaltered condition. If but slight, interstitial absorption may remove it, or a slow process of ulceration manifests itself, attended, maybe, in parts by a feeble attempt at cicatrization.

Lupus has been subdivided by several authors into—

I.—Lupus superficialis, vel non-exedens ;

II.—Lupus exulcerans, vel exedens.

And the division has given rise to no little misconception and error. The alleged dissimilarity between the two has caused many to suppose that the difference between them is one of kind, and not of degree ; in fact, that the pathology of one differs in some important particulars from that of the other.

This is quite inaccurate. According as the "Lupus tendency" exists in the individual, so the morbid process is proportionately more or less marked. If the infiltration be slight, but little or no tendency to ulceration is apparent, but if extensive, or, in other words, if the cell growth is advanced, it soon degenerates and breaks down, and visible ulceration or destruction of tissue is the result. The difference, I repeat, is one of *degree only*, ***not of kind***, and therefore does not justify the separation described.

The term Lupus vulgaris remains the best to express the several conditions with or without ulceration, as the case may be.

Lupus erythematodes is rightly separated from the foregoing.

This affection, more common in Germany, is, however, not unfrequently met with in this country, and the name is justly applied to designate that form of superficial but destructive disease which is found about the face and scalp, and which, from its supposed origin in the sebaceous glands, has received from Hebra the name of seborrhœa congestiva.

But of this I will speak more in detail presently.

Lupus vulgaris becomes developed at the very commencement in the form of minute elevations or tubercles—scattered or grouped in clusters of various shape of the size of pins' heads, or larger, round and well-defined; they immediately strike the observer's eye as being intimately associated with the deeper layers of the skin. These tubercles or eminences appear at first sight to be considerably raised, though in reality in the early stage they exceed but little the level of the surrounding integument. They are of a red or brownish-red colour. If pressure be applied by the finger they do not entirely disappear, though some of the vascular redness may be reduced, proving that it is more than simple hyperæmia. "The tubercles are shiny and "generally covered with loose, scaly epithelium. The limit of the "number of these prominences depends upon the individual affected; "they frequently occur in great abundance, though occasionally "but two or three elevations are to be traced." The eruption at first attacks a circumscribed portion of the skin, and may remain for a

long period as a local affection—more commonly, however, they spread peripherally, and occupy a surface many inches in diameter. The progress of the disease is not always uniform, for even when left to itself untreated it has been noticed to increase rapidly in one direction, while the tendency in another has been to fade and partially disappear by resorption. The favourite site is generally the face, as the cheek, forehead, or neck, although there is no portion of the body which may not be affected with Lupus. In the case of a boy, at present under the care of Mr. Morrant Baker, in the wards of St. Bartholomew's Hospital, whom I have had an opportunity of examining, one patch which had taken two years to develop (DIAGRAM SHOWN) existed upon the surface of the middle third of the left thigh, while two or three small tubercles were to be seen upon the penis. Again, in the person of a girl, now attending the out-patient department, one or more fingers and toes have presented marked forms of this affection, in addition to other and larger patches about the face. (CASE ILLUSTRATED BY DRAWING.)

The individual tubercles, which at first are embedded in the corium, increase in every direction—giving a glistening appearance to the part, and coalesce so as to form an entire mass distinctly nodular to the touch. Minute blood vessels may be seen crossing the surface, while the general colour of the eruption is dependent upon the degree of vascularity of the deeper layers of the skin. The increased tension frequently produces a degree of smoothness not unlike that produced by a "tightly-stretched kid glove upon the hand." These tubercles in places assume a wrinkled condition, and are covered with minute dry scales, which adhere together and form a more or less continuous though irregular covering. This is best seen in patches of the eruption in which the morbid process is abating in the centre, with some decrease of infiltration, while the edges retain the distinctly florid red and elevated appearance co-existent with the spreading of the affection. This process constitutes "Lupus exfoliativus." If the accumulations and heaping up of scales is very exaggerated, and the morbid thickening or infiltration advances to an unusual extent, the term "Lupus verrucosus" has been applied, assuming, as it does, a curious wart-like appearance. (DIAGRAM SHOWN.)

The anatomy of Lupus has been a matter of the greatest interest to pathologists. Blasius, in 1832, is said to have been the first to attempt its description, declaring that the whole thickness of the skin was involved in the disease.

Edward Berger went further, and in 1849 described the affection as "a hypertrophic new growth of cells invariably arising from and much resembling the cells of the rete malpighii." It would be impossible to recall in the brief space of time at my disposal the names and opinions of all who have done good service in this direction since that date.

Auspitz in 1864, and Neumann a few years later, stated that the

new growth originates in the whole thickness of the corium. Again, Virchow and Billroth regard the "*superficial*" layers of the skin as the situation in which Lupus commences, though Rindfleisch in his work on pathology intimately associates the morbid change with the connective tissue surrounding the hair follicles and sebaceous glands. Lastly, Wedl and Kaposi consider the primary alteration to arise in the corium beneath the vascular layer. It is easy to understand that much of the discrepancy is due to the fact that different observers have examined and reported upon specimens of the malady in different stages of development.

In the diagram upon the wall, taken from that of Auspitz, of Vienna, we can distinctly follow the various changes which he has discovered in many specimens examined microscopically. (Diagram shown.) Auspitz, therefore, comes to the conclusion that "the "essence of the disease consists in a cellular infiltration involving the "whole thickness of the corium proper, uniformly."

A microscopic examination of a vertical section of young tubercles exhibits nests, as they have been called, of accumulated cells. The connective tissue is considerably displaced, enclosing spaces into which are crammed large numbers of newly-formed cells, and fibres, and minute blood-vessels. These cells are small and contain nuclei. The papillæ are increased in size. Their connective tissue is wide-meshed, and their vessels are dilated.

According to Rindfleisch, "this growth of cells penetrates deeper "than the nests in the corium, running along the vessels, and thus "reaches the convolutions of the sweat-glands and the lobules of fat." The cellular infiltrations are especially noticeable around the sebaceous glands and hair follicles, which are surrounded with blood vessels, thus altering their appearance. Later on the sebaceous glands shrivel and remain, as Kaposi has described them, "as globular structures "having a transparent appearance and epidermic contents, arranged "in lumps, or laminæ.

Ultimately they are destroyed, and cannot be traced. A similar change occurring around the hair follicles, the hairs atropy become brittle and eventually dislodged—the follicles being destroyed.

In Lupus, when ulceration occurs, the cells undergo fatty degeneration, and becoming disintegrated, produce the ulceration by which it is characterized. The peculiar persistence of the cells in Lupus explains the essentially chronic course assumed by the disease. The new growths of connective tissue, which remain in the corium as scars and produce the firm scar-like condition of the skin and its scanty supply of glands, Kaposi concludes, are brought about by the fibrous network in which the Lupus cells appear to be deposited, and in part from the products of the inflammation which accompanies the Lupus.

Gentlemen, as you are aware, Lupus erythematosus was incorrectly supposed by many to differ only from Lupus vulgaris in degree, but not in kind, in certain instances occasionally seen in this country.

It was first accurately described by Hebra in 1845, and is specifically distinct from Lupus vulgaris. It presents on its surface numerous small red spots, which do not completely disappear under pressure of the finger, and which, by their junction, form erythematous patches, having circular edges, and occur in various sizes.

The patches thus formed have slightly raised, reddened borders, and are covered in the centre with adherent greasy-looking scales, or have a cicatricial appearance.

This variety occurs on the face, especially about the nose and ears, and occasionally on the scalp. When the scabs or crusts are removed they are seen to have on their adherent surfaces a number of little projecting processes, which correspond in size and shape with the widened mouths of the sebaceous follicles. The disease may last months or years, its progress being very slow, when, should it disappear, the skin assumes a cicatricial aspect, although the health may be unimpaired.

Cazenave in describing Lupus erythematosus gives three essential features as points to be observed in diagnosis :—

1.—Redness.

2.—Wasting of the skin.

3.—Identity of nature under different aspects.

It differs essentially from Lupus vulgaris in the "absence of "ulceration ; in its affecting persons in the prime of life, rarely before "21 years of age, and in its characteristic appearance."

In some cases a peculiarity has been noticed in that after assuming a chronic form, it suddenly takes on acute action, and hundreds of the little red spots already described spring up in all directions in a few days on the trunk and extremities.

Kaposi gives three cases in which hæmorrhagic vesicles appeared.

The complications of severer cases are erysipelas, adenitis, anæmia, and fever, not unfrequently terminating fatally. Neumann, Geddings, and Kaposi have all written upon this subject.

Hebra, taking his stand-point from the appearance of the distended and plugged ducts of the sebaceous follicles, connects the disease with these glands.

Neumann, in 1863, describes the changes as consisting of alteration of the form and relative size of the papillæ, cell infiltration of the corium, and alterations in the sebaceous glands. The changes in the glands being due to growth of the connective tissue around their walls, and degeneration of the secreting cells.

Geddings examined the skin taken from the back of a patient, and pointed out the enlargement of the blood vessels and their distension with old corpuscles, and as the result of his investigations makes the inference that Lupus erythematosus is a special form of inflammation of the skin which begins at the sebaceous follicles.

LECTURE II.

GENTLEMEN,

In my last lecture I commenced by giving you a short account of the various positions in which Lupus has been placed by respective writers in the classification of skin diseases, and mentioned to you that although different reasons had been given for associating it with forms of disease with which there is but little resemblance, still the now generally accepted view is that, formed upon a pathological basis, it rightly belongs to the class neoplasmata. And there cannot be a doubt as to the accuracy of this; for Lupus, as I pointed out, is no mere hypertrophy, or hyperæmia of the integument, separate or combined, but an infiltration of the skin with a new cell growth, which, being of a low vitality, does not become fully organized, but, after remaining for a short time in an unaltered condition, becomes removed by interstitial absorption, or in severer cases is followed by a slow process of ulceration, attended in parts by a feeble attempt at cicatrization. I then passed on to review briefly the great predisposing cause of this affection, which is agreed to be a morbid habit or diathesis, very closely allied to struma or scrofulosis. I mentioned that, in the opinion of some, not only was it very nearly related pathologically to the various—and perhaps commoner—expressions with which we are familiar, of the tubercular diathesis, but also that according to statistics Lupus occurred not unfrequently in persons of phthisical tendency, and often in those whose parents showed unequivocal proofs of so-called tubercular or strumous disease.

I spoke also of the influence of local injury in determining Lupus, for in some instances the commencement of the disease had been accurately dated from a blow, &c.—showing doubtless that although without a strong predisposing cause, it would be impossible to set up any morbid action resembling Lupus in the least degree, yet it was most probable that in so far as a blow or injury produces a marked effect upon the process of nutrition, so in an individual with the train already laid, and requiring but the spark to kindle a flame, a blow or injury of some kind was in a few instances the local excitant determining, in a measure, the onset of the disease. I gave you at some length an account of the various arguments which had been put forward from time to time by some authors, as to the possibility of Lupus being of syphilitic origin. I pointed out that there was a form of dermato-syphilis which apparently, in some respects, resembled Lupus, in the milder forms of which the ulceration is

superficial, and assumes a serpiginous form, while in the most severe the destructive process involves the whole thickness of the skin, with much pain (Lupus being painless), with foul-looking ulcers irregularly crusted over, and with a sanious, unhealthy, and exceedingly offensive discharge. It is by such a process that the nose, cheek, integument of forehead, ear, &c., may be partially or totally destroyed.

In the consideration of all this I endeavoured to show that the morbid action was none other but true syphilitic ulceration, and that the term syphilitic Lupus calculated much to mislead, for the reason that the affection is not Lupus at all—Lupiform, or "resembling Lupus," being the only one which could with any exactness be employed. I next reminded you that struma implied a morbid habit or tendency, less well understood because it has no definite starting-point recognizable as such, while syphilis was more easily traced because of the definite characters it often presents, and because we can follow it stage by stage from the primary inoculation to its remotest effect. I briefly related some statistics, giving the average age and sex of patients, duration of disease, &c., and narrated cases in which two or more members of one family were similarly and coincidently affected. Later I gave you the varieties of Lupus as they are met with in practice.

Concerning Lupus erythematosus—which is by some regarded as differing only in degree from the two other and commoner forms—I directed your attention to the fact that there was one distinct variety occasionally seen here, though more often met with in Germany than elsewhere, which could be explained only by pathological changes peculiar to itself, and which condition Hebra has designated by the term "seborrhœa congestiva."

After enumerating the various points necessary to be considered and well weighed in making a reliable differential diagnosis, including the distinctive features of Lupus on the one side, and rodent ulcer and some rare forms of eczema of the face and nose on the other, I concluded by giving in detail the pathology of Lupus as it is understood at the present time, including that of the erythematous variety.

And now I wish to devote the remainder of the short time allotted to me in making a few additional observations in connection with this most important disease.

In the first place I would ask you to return for a little to the last form of Lupus I described to you, and of which I showed diagrammatically a section by Neumann—I mean Lupus erythematosus. This I do with the special object of bringing to your notice the results of the careful observations of Dr. George Thin, as compared with the views held and expressed by various German writers. I may briefly repeat that which I formerly said,—that the late respected Hebra, taking his standpoint from the appearance of the distended and plugged ducts of the sebaceous follicles, connects the disease with these glands.

Neumann, in 1863, describes the changes as consisting of alteration of the form and relative size of the papillæ, cell infiltration of the corium, and alterations in the sebaceous glands—being due to the growth of the connective tissue around their walls,—and degeneration of the secreting cells.

Geddings examined the skin taken from the integument of the back of a patient, and pointed out the enlargement of the blood vessels and their distension with old corpuscles, and as the result of his investigations makes the inference that Lupus erythematosus is a special form of inflammation of the skin which begins at the sebaceous follicles. Dr. Thin, in 1873, had the opportunity of seeing at Vienna a case of Lupus erythematosus under Hebra's care, which proved fatal. A few weeks before death the eruption had appeared on the dorsal surfaces of the first phalanges of the fingers and toes; on the toes it was beginning to spread from the dorsum to the interdigital spaces. The following I have taken from Dr. Thin's paper, published in the 58th vol. of *The Transactions of the Medical Chirurgical Society of London, for* 1875:—"After hardening for about "seven days in chromic acid solution, thin vertical sections were cut "and examined. The capillaries of the papillæ were enormously dis- "tended with red blood corpuscles. In some papillæ this distension "was so great that a capillary loop nearly filled a papilla of medium "width. In different parts of the corium similarly distended and filled "capillaries were seen. The veins were also distended and filled with "blood. The arteries were empty. The abundant network of capil- "laries surrounding the sweat glands were also greatly distended and "filled with blood corpuscles. The rete malpighii, fibrillary tissue of "the corium, and sweat glands were perfectly healthy. I had cut so "far beyond the region of the sebaceous glands—which, as is known, "are limited to the dorsal surface—that although I examined all the "sections made from the portions of the skin, in only one of them "was there a hair and sebaceous follicle, and the gland was normal in "appearance. In regard to the sweat-glands of this part of the "body, I may mention that they are of a very large size, pro- "portionate to the abundant secretion of sweat that takes place "between the toes, and in some of the sections made from this "man's toes the single layer of smooth muscular fibres that surround "the larger sweat coils were distinctly seen, and were also normal in "appearance and development."

"The importance of these facts when compared with those related "by Neumann, Geddings, Kaposi, and with the inferences they have "made from them, are chiefly of a negative kind. The great width "and unbroken lumen of capillaries of the papillary layer indicate a "congestion of some standing. Whatever possible cell infiltration "existed was not such as was indicated by staining with carmine. The "disease was then firmly established in a part of the skin where there are "no sebaceous glands, and in which the sweat-glands still presented a

"normal appearance. But although none of the changes that have "been described by the authors above-mentioned as occurring in the "sebaceous and sweat glands and fibrillary tissue were present, there "was a morbid condition of the capillary blood-vessels, which, if it "had been persistent, was certain in the course of time to have pro- "duced all of them. This morbid condition was naturally most "apparent where the supply of capillaries in the skin is greatest, viz., "in the papillæ and around the sweat-glands. An atrophied condition "of the papillary layer of the cutis—what Cazenave has described as "thinning of the skin—must be the inevitable consequence of a blood "stasis by which the circulation is virtually destroyed. The conclusion "to which these results naturally lead is that as yet we know in this "disease no changes antecedent to the congestion of the capillaries, and "can associate it with no special constituent organs of the skin. This "conception of its nature seems to be especially consistent with the "history of cases of acute eruption, and more especially with those "in which the eruption consists of hæmorrhagic vesicles. *I would,* "*therefore, suggest that the affections of the sebaceous and sweat glands* "*should be considered not as being necessarily the causes of the con-* "*gestion, but as following it.* A fuller investigation, however, into the "pathological anatomy of this disease is greatly needed."

Although there is no portion of the integument of the human subject upon which common Lupus may not occur, there are yet some places more frequently attacked by it than others.

Lupus has a strong predilection for the face generally, as cheek, nose, ear, mouth and fauces, larynx; and next in frequency to the face and ear, the disease is found on the body and extremities.

Lupus on the cheek may occur on one or both sides. Occasionally it is seen, as in the drawing I send round for your inspection, to be more or less symmetrical. The size of the patches varies very much, from a single tubercle or nodule to a continuous area of four, five, six, or more inches. When the disease on either cheek is connected by an intervening spot or patch on the bridge of the nose, a form is produced which has been likened to a butterfly with out-spread wings. It must not be supposed that the development of Lupus, even when so extensive a surface is affected, is uniform, or that the rapidity with which it spreads is always equal in a given period. It not unfrequently occurs that the original seat of disease may remain for months, and even years, in a quiescent condition, occasionally lighting up, as it were, with renewed vigour to advance upon adjoining skin. The upper eyelids and the middle line of the forehead have been observed to be the least often involved. With so extensive a mass of disease, inflammatory swelling and enlargement of the glands occasionally occur, which resolve or suppurate, and, as a rule, taking very long to heal. The combination of carcinoma with Lupus has been noted by Rayer, Divergie, Bardelben, Hebe, Volkmann, and others. Mr. Hutchinson reported in 1873 a case in which an epithelioma

grew on the scar of a Lupus patch on the upper lip. The patient was a woman aged fifty-one. There were several undoubted patches of Lupus and other scars on the nose and cheeks. The growth was excised, and rapid and complete recovery followed. The patient returned in February, 1874, to Mr. Hutchinson, however, with fresh carcinomatous growth and ulceration which had attacked a neighbouring scar, and to which chloride of zinc was applied. I have had under my care a case resembling this in many particulars.

Lupus is frequently seen involving the nose, with or without the surrounding tissue, the skin over the alæ nasi being generally affected in the first instance. From this it may extend in all directions, including the septum, integument of lip, &c. Should the early tubercles exfoliate or become absorbed, more or less scarring, generally superficial in character, is the result; but, as I have already reminded you, the alæ nasi being composed only of the opposed tissue—without any intervening structure—actual loss of substance is generally the result, varying from a mere cicatricial atrophy of the skin, with more or less stretching, to complete loss of structure. In the milder forms the nose presents a nibbled appearance, or, as it has been said, looking as though the alæ and septum, or parts of them, had been cut or worn away. In the severer ones (of which I showed you lately a good example in the person of a young girl) the alæ and septum may be removed, or the entire organ destroyed by this terrible chronic ulcerative disease.

Lupus of the mucous membrane of the alæ and septum nasi, may be developed alone, or combined with the adjacent skin.

The deformity resulting from Lupus of the cartilage of the ear is familiar to us all. The affection, however, does not, in some cases, spare any of the structures in the immediate vicinity, and extension of the morbid process to the internal ear, producing complete and permanent deafness, has occurred.

Lupus may extend from the cheek or nose to the eyelid, causing ectropion, and even to the conjunctiva and cornea itself.

The mucous membrane of the mouth and fauces, though but rarely subjected to them, does not entirely escape the ravages of Lupus. Distinct isolated tubercles may be recognized on the red margin of the lip, but on the mucous membrane the disease appears in the form of bluish white, firm deposits, rough and granular, and arranged in streaks.

The larynx may be similarly affected.

The extremities are frequently attacked by Lupus alone, or coincidently with the cheek or trunk. The back of the hand often presents a patch of disease, although the fore-arm and fingers, thigh, calf, and toes are occasionally involved. (Diagrams shown.)

Lupus of the extremities generally takes the serpiginous form, but is frequently associated also with disseminated spots in other parts. The

anatomical changes are, however, the same throughout, the exfoliation, ulceration, tuberous formation, cicatrization, &c., being similar under all differences of position.

The persons affected attain the average size, according to the observations of Kaposi; their osseous framework is generally well developed; their state of nutrition, unless the surrounding circumstances are too unfavourable, is now and then remarkably good; their muscular development is powerful and will bear exercise; their subjective sensations, their power of sleeping and eating, quite normal; and their mental capacity not in the least interfered with. This applies to males as well as females.

Doubtless, gentlemen, you are acquainted with the transactions, published in New York, of the International Medical Congress, held at Philadelphia, which at the time of its meeting—1876—attracted so much interest and attention. In a paper read at that time by Dr. J. C. White, Professor of Dermatology at the Harvard University, United States of America, a large number of statistics were compiled with the object of showing the relative frequency of certain forms of disease in America and Europe. So instructive and important are they that I may be allowed to direct your attention to those which bear upon the disease under consideration.

TABLE I.—*Showing the comparative frequency of the more common diseases of the skin in* 10,000 *consecutive cases in American dispensary practice:—*

Lupus—Total.	Percentage.	Including New York,	Dr. Bulkley.
34	·34	Philadelphia,	Dr. Duhring.
Lupus Erythematosus—Total.	Percentage.	Boston,	Dr. Wigglesworth.
28	·28	Boston,	Dr. White.

TABLE II.—*Showing relative occurrence in dispensary and private practice at Boston:—*

5000 cases at Dispensary:—
Lupus 11. Percentage ·22.
Lupus Erythematosus 6. Percentage ·12.

2,000 cases in private:—
Lupus 6. Percentage ·3.
Lupus Erythematosus 2. Percentage ·1.

TABLE III.—*Showing comparative prevalence of more common skin affections in American and European dispensary and hospital practice:—*

	American.	Glasgow.	Austrian (Vienna.)	Belfast.
	10,000	10,000	24,000	3,000 cases.
	Skin cases.	Skin cases.	Skin cases.	
Lupus...	=62·6	198=1·98	738=3.	Nil.

TABLE IV.—*Showing comparative prevalence of more common affections of skin in American and European private practice :—*

Boston.	Glasgow.	London.
2,000 cases.	1,000 cases.	10,000 consec. cases.
Lupus 8 = ·4.	Lupus 25 = 2.5.	Lupus 155 = 1.55.

Conclusions by Dr. J. C. White :—

Some cutaneous affections of grave character which are dependent upon, or a part of, serious constitutional disorders, are of less frequent occurrence and of milder type amongst us than in Europe in general, or those parts of it where they are endemic. Lupus, the syphilodermata (?) and leprosy are the most marked instances of this class. Lupus, on the other hand, shows a marked difference in relative occurrence, being much less common here than abroad ; a fact which is strongly impressed upon an American in Europe by the chronic nature of the disease and the heroic means employed in its treatment. Of the dispensary cases it forms in America but ·6 per cent. ; in Scotland, 2 per cent. ; in Austria, 3 per cent. ; and in private practice here, ·4 per cent. ; in Scotland, 2.5 per cent. ; and in London, 1.5 per cent.

Lupus, it will be seen by the tables, forms one of the most striking examples of variation in comparative occurrence in this list. It is an affection, however, about which false conclusions in this respect are least liable to exist ; for it is so grave in character, so enduring in course, and so imperative in its demand for heroic means of cure, that scarcely a case is liable to escape the observation of the dermatologist. Lupus is a rare disease in America ; and not only so, but modified in type also from that so commonly observed in Europe.

Dr. White adds : "We have already seen that it occurs far less "commonly here than in Europe, but may be that the same law governs "its course as well as prevalence. At all events, I think there can be no "question that we do not see cases here which approach those so fre- "quently met with in foreign climes in severity of the destructive "process or in extent of the surface affected. Such, at least, is my "own experience, and I have no reason to offer in explanation of the "fact. It might seem that it required several generations of accumu- "lated malnutrition or more positive constitutional evils to effect such "eventful disorders of cutaneous structure, and on this account Lupus "prevailed more abundantly and in its worst form where poverty and "bodily misery were more common than with us, but I don't think the "history of morbid cases amongst us warrants any such conclusion. "I wish I could. I have found corresponding mildness of type in "its disposition to yield more readily to treatment, but corresponding "classes of cases have, in my experience, exhibited the same "obduracy to remedies here as in Europe, and perhaps the same "tendency to relapse."

Prognosis.

Although, no doubt, there are few forms of Lupus that do not answer to treatment, still the prognosis with reference to recurrence is always doubtful. In the very commencement we may have to deal only with a portion of integument, the nutrition of which, and indeed the functions of which, are but slightly impaired; later on the circumstances are altered, proportionate to the extent of disease.

In the severer forms of the more superficial variety, the morbid infiltration may have entirely disorganized the whole thickness of the skin, so that under the most favourable circumstances it would be impossible to restore to a condition approaching health a structure so irrevocably damaged. And, further, when ulceration exists, and where actual loss of substance has supervened, it would be unreasonable to suppose that the most successful of all treatment could restore again that which is destroyed.

Moreover, our remedies can exercise no perceptible influence on the constitutional predisposition to repeated attacks of Lupus.

There is one point in the matter of prognosis that must ever be uppermost in our minds. When the disease has been of long duration, and much crusting has been allowed to occur, there is a risk lest we should look upon this as evidence that the healing process has commenced, and that beneath the accumulated crust a healthy process of granulation is going on. The very opposite occurs. Beneath the crusts we may have unmistakeable evidence of extension of disease; the ulceration, if not increasing in area, often increases in depth, and, as in that form of Lupus which commences in the mucous membrane of the nose, actual perforation through the entire septum or alæ may be brought about, producing a deformity which even rhinoplastic operations cannot overcome.

Lupus vulgaris, in the disseminate form confined to a limited area, if thoroughly destroyed, especially if occurring in young individuals, usually remains latent for a long time, or does not return. (Kaposi.)

If Lupus has become widely diffused over large tracts of skin, or occurs in the serpiginous form, it is more likely to recur repeatedly.

Lupus may also disappear spontaneously and permanently.

Kaposi, in his lectures on this point, concludes by stating "that "the question of prognosis must also be considered in reference to "the changes arising from the number of complications which may "accompany it. The prognosis must also be modified by the nature of "the treatment adopted more than in any other affection of the skin. "Energetic and continued treatment certainly avoids many of the bad "consequences, and may even lead to a cure. Neglect on the part "of the patients, and the adoption of imperfect measures of treatment, "will invariably lead to unfortunate results."

Treatment.

The treatment of Lupus may be primarily divided into—

I.—Internal.

II.—Local.

Internal treatment must be administered with the object—

1st.—Of removing the predisposition or morbid constitutional habit which brings about the tendency to local manifestations of the disease; partly to cause the Lupus to disappear, and partly to prevent its reeurrence.

2nd.—Internal remedies must be used to cause the disappearanee of the existing malady.

Of these the following and many more, which it is unnecessary to enumerate, have been suggested and advocated, viz.—

Cod-liver oil.
Iron in its various forms—including thc iodides and phosphates.
Iodide of potassium.
Caleis hydrochloras.
Iodide and proto-iodide of mercury.
Bitter tonics.
Antimony.
Baryta.
Arsenie—in pill and Fowler's solution.
Ferrum arsenias, in doses of gr. $\frac{1}{16}$, gradually increased to gr. $\frac{1}{2}$ in pill, three times a day.

Concerning this list, whieh might be increased threefold were I to include all the drugs that have been prescribed, each with the same object, I have but little to say.

This, however, I ean say, that howcver much may be stated in favour of thc beneficial effect of any one drug in the whole of our Pharmacopœia, therapeutists have yet failed to discover a specific remedy or cure (in the strict sense) for Lupus.

Here and there we get accounts of authenticated cases in which the malady has disappeared during the exhibition of sueh and such a medieine which has for a time, at any rate, in the estimation of those who have used it, stood out above all others as the most potent of remedial agents.

Nevertheless we have certain reliable indications upon which to hinge our method of treatment, the foremost being to improve the general health of the patient, eorrect any irregular tendency, and by the use of iron, cod liver oil, arsenic in its various forms with iron, bitter tonics, strengthening food, wine, sea air, &c., and general dietetie and hygienie measures, so to improve thc constitutional eondition that the morbid susceptibility may be lessened. Thc weak nutritive power and defective assimilation must be improved, and the functions of digestion and the secretions of the sufferer duly regulated. By this means we

give our local treatment a better chance of a certain and speedy success, and, as Mr. Erasmus Wilson has so strongly urged, "maintain "and support the vital power of the patient as much as possible, for "our contention is against a debilitated constitution."

The *local* treatment must be dependent entirely upon the individual case under observation. No law can possibly be laid down which will in all cases, and under all circumstances, be equally reliable and efficient.

In some forms stimulating measures are required in various degrees, while water dressings and poultices may be discarded as useless, and actually harmful, "by increasing the local debility of "tissues already seriously weakened." (Wilson.)

Of these may be mentioned the unguentum resinæ flavæ—diluted as required—the unguentum picis liquidæ, or the unguentum picis juniperi.

Or if milder and more soothing applications be indicated, the benzoated oxide of zinc ointment, calamine ointment, and that of the iodide of lead. The liquor plumbi diacetatis is sometimes useful, and the balsam of Peru will be found of service in strengthening and hardening the skin. Where tuberculous growths, &c., are to be absorbed, the compound tr. of iodine or a saturated solution of iodine in glycerine may be painted on the part or injected into the tubercles.

In ulcerating Lupus the morbid tissue of the ulcer must be destroyed, and the condensed and infiltrated tissues unloaded by means of a free application of nitrate of silver, the acid nitrate of mercury, or a solution of equal parts of potassa fusa and water; after which some simple unguent may be applied, as diluted resin ointment, or the benzoated ointment of the oxide of zinc of the Pharmacopœia.

I have lately watched with much interest, in conjunction with Mr. Morrant Baker, in the Skin Department of St. Bartholomew's Hospital, the beneficial effect of the acid nitrate of mercury solution, applied with care to the advancing edges of Lupus over and above that of the glacial carbolic acid, which has been advocated by some dermatologists.

In the patient I recently showed to you (and whose disease was so well represented by the model), in addition to general anti-scrofulous remedies the acid nitrate of mercury solution has with much benefit been used. In one or two points the glacial carbolic acid was tested, though with less favourable results.

In Lupus, with ulceration, caustics form a necessary part of the treatment, and these must be selected with much care and discretion. Those best suited for the purpose are the strong nitric acid, the potassa fusa, or the chloride of zinc, and the free use of the solid nitrate of silver. Mr. Wilson advises the nitric acid to be made into a moist paste with the sulphur sublimatum of the Pharmacopœia, and applied

by means of a wooden spatula; the potassa fusa may either be used to touch the surface of the ulcer, or made into a paste with quicklime; and the chloride of zinc may be made into a paste also, with the addition of two or three parts of flour to one of zinc.

The Vienna paste which is sometimes employed for this purpose is composed of potassa cum calce and quicklime in equal parts, mixed to a proper consistence with spirits of wine. An arsenical paste, consisting of equal parts of arsenic and animal charcoal, has also been recommended; and an arsenical powder, known as Dupuytren's, composed of one part of arsenic mixed with 200 parts of calomel. The acid nitrate of mercury solution is a most suitable application, in addition to which the chloride of gold has been tried. The nitric acid paste may be left to dry on the surface; the Vienna paste takes from ten to twenty minutes to produce its proper degree of effect, and frequently requires to be guarded from contact with the surrounding parts by means of a piece of plaster; and the chloride of zinc paste may be allowed to remain undisturbed for from four to eight hours. After all or each of these, simple dressing is required.

We must bear in mind the possibility of the partial absorption of some of our local applications. In some reported instances ill consequences have followed the too liberal use of arsenical agents, though one or two writers have put forward the view that the absorption into the circulation of a certain proportion of the mineral constituents of some applications have tended to aid and further their curative effects. Lupus erythematosus is said to be best treated with the caustic potash solution, and the iodide of starch, internally administered, has had its advocates.

"The emplastrum hydrargyri may be profitably used to young "scars to keep them supple, and to cause them to become thin and "pale, and to prevent the desquamation of young epidermis."—*Kaposi.*

Considerable attention has been paid of late to the two methods of treatment much advocated by Volkmann, viz:—

(a.) Erasion, or scraping.
(b.) Scarification.

Since his writings the several plans have been subjected to lengthy trials in Germany, France, and this country, with very favourable results. The process of *erasion* or *scraping* is carried out by means of a small hollow, and elongated steel spoon, or scoop, with a moderately sharp edge, set in an ivory or bone handle. The special advantage is that when the scoop is applied with considerable force, all the diseased tissue or new cell-growth, which is exceedingly vascular and friable. immediately breaks down, and is removed, while the healthy surrounding structures of the skin are too dense and fibrous to be included in the operation. Indeed, it is remarkable how readily the soft boggy neoplasm may thus be distinguished, by the readiness with which it yields to the instrument. I have frequently seen the most satisfactory results follow this method (the operation

being performed under ether), and more particularly when the exposed surfaces have been freely cauterized with nitrate of silver (the hæmorrhage having ceased), to ensure the complete eradication of the abnormal growth. Considerable inflammation may be expected to follow the operation, which it materially assists by ultimate absorption.

The second method advocated by Volkmann, is that of "*multiple punctiform scarification*," and is best adapted to those cases in which but little swelling or infiltration of the skin exists. It is practised by means of a "scarifier," single or multiple, which is armed so as to prevent its too deep insertion. Innumerable small punctures are then made, the instrument being thrust perpendicularly to the surface. This latter operation generally requires to be repeated at intervals of a few days, with or without the assistance of caustics. Secondary inflammation follows with proportionate absorption of the cellular elements, and the production of the least possible visible scarring or deformity.

This latter method is particularly well adapted for the treatment, under certain circumstances, of Erythematous Lupus.

Lastly, under certain, though rare, conditions the knife is required, and in the hands of experienced operators, combined with the discreet use of various caustics, advantages have been ensured which neither separately could bring about. To do justice to our patients and to ourselves, we must adopt those means—constitutional and local—which together will procure an end that neither alone can obtain. And after all, in every department of medicine, whether it be dermatology or any other, it is the experience which can alone be obtained by observation and practice, and by the careful weighing in an unbiassed and evenly balanced mind of suggestions thrown out by others, that is the chief component of what I may be allowed to call "the sovereign remedy." Without some speculation—and I use the term in its best sense—we should often fail to discover that which may prove to be of lasting usefulness. But what speculation must this be? Not the mere dealing with empty chance, like the coin which is flung into the air; or the rudderless bark tossed to and fro by the unbroken waves of the ocean; but speculation in its very essence scientific, which gathers up every thread in its course, and remains unsatisfied until comparisons have been made, and repeated tests have been exercised, that the uncertainties with which it commenced may be stripped of all that made it uncertain.

To speculate thus is to do well; to do short of this we prove ourselves to be unworthy to take even the humblest part in the ranks of those who are daily fighting no mean contest, to further a cause we each, one and all, should have at heart.

Let us resolve then by steady perseverance and continued observation to lose no opportunity which presents itself to ensure that light which, though it flash not upon us, yet with a commencing glimmer grows and develops, and clears like the daylight with knowledge.

And let us adopt all legitimate means which can be utilized to advance the science and practice of medicine in its much-honoured course, and establish ourselves as we would be established—no undeserving members of the noble profession to which we belong.